## **NOTICE OF**

Department of Administration Office of Procurement and Contracts DA-112 (Rev. 12/15)

## **COMPLAINT TO VENDOR**

DATE: July 24, 2019

CONTRACT NO.

45081

PROCUREMENT OFFICER: Aubrey Waters

**OFFICE OF PROCUREMENT & CONTRACTS** 900 SW JACKSON, SUITE 451 SOUTH TOPEKA, KANSAS 66612

VENDOR INFORMATION	AGENCY INFORMATION
NAME: Aetna Better Health of Kansas, Inc. 4500 East Cotton Center Blvd. Phoenix, AZ 85040-8840	NAME: Kansas Dept. of Health & Environment / Division of Health Care Finance (KDHE/DHCF)  ADDRESS: 900 SW Jackson St., Rm 901N Topeka, KS 66612
AREAS OF CONCERN:  □ Late Delivery □ Refusal of Vendor to Deliver □ Delivery Made After Hours □ Undershipment □ Overshipment X Inadequate Service	<ul> <li>□ Substitution by Vendor</li> <li>□ Quality of Merchandise</li> <li>□ Merchandise Not Properly Labeled</li> <li>□ Damaged Shipment</li> <li>□ Carrier Notified</li> <li>□ Other – Explain Below in Space Provided for "Remarks"</li> </ul>
REMARKS: This space is to be used to: (1) Elaborate on items checked above or (2) Describe additional complaints. Be accurate, specific, complete,	
and factual.	
Product in Question: Kansas Medicaid – KanCare Contrac	t
Issue at Hand: Non-Compliance with performance standards specified by contract – Please see attached spreadsheet Identifying 11 areas of concern to KDHE/DHCF	
Christiane Swartz Deputy Medicaid Director Director, Medicaid Operations KDHE/DHCF	AUTHORIZED SIGNATURE
NAME AND TITLE OF PERSON INITIATING COMPLAINT	AUTHORIZED SIGNATURE

This form should be filled out in triplicate. The original and one copy should be sent to the Procurement & Contracts, 900 SW Jackson, Suite 451 South, Topeka, Kansas 66612. The Agency will retain one copy. This form should <u>not</u> be sent to the vendor by the agency.